



I am socially isolated. I told my therapist I am looking for one best friend, and no others. He said, "You want too much." Please comment.

Your therapist's remark is **too blunt and potentially misleading**.

Wanting one deeply trusted friend is not inherently "wanting too much." Many people prefer one intimate friendship to a broad social network. The wish itself is understandable—especially when you are socially isolated and do not want superficial acquaintances.

What may be "too much" is not the number **one**, but the amount of psychological weight placed on that one person. A single friend cannot reliably provide every form of companionship, emotional understanding, reassurance, intellectual intimacy, availability, and loyalty. If "best friend" means someone who must meet nearly all relational needs, remain highly available, and provide an unusually complete sense of recognition, the role may become difficult for any real person to sustain.

There is also a practical paradox: a best friendship usually does not begin as a best friendship. It tends to grow out of repeated, lower-stakes contact—acquaintanceship, shared activity, modest disclosure, increasing trust. Rejecting all relationships that are not immediately exceptional can make the desired exceptional relationship less likely to develop.

So a more thoughtful therapeutic response would have been:

"Wanting one close friend is not unreasonable. But let's examine what you imagine that friendship would provide, whether one person could realistically carry all of those expectations, and whether your lack of interest in lesser relationships prevents the kind of gradual development from which a best friendship usually emerges."

Your statement may also express something deeper than a social preference: a wish for **one person who fully understands you**, perhaps a twinship or alter-ego relationship, rather than merely someone to socialize with. That is psychologically meaningful and deserves exploration—not dismissal with "You want too much."

The therapist may have been identifying a real issue, but he expressed it as a verdict rather than an inquiry.

       Sources

I thought his observation was like telling a diabetic who asks for insulin, "You want to much." The issue isn't wanting too much, it's the nature and meaning of the deficit. In my case, the therapist should be thinking, "What is the nature of this patient's deficit that he needs to compensate in this way?"

Yes. Your objection is conceptually sound.

The diabetic analogy is not exact—insulin replaces a physiologically necessary substance, whereas friendship is relational and cannot simply be prescribed—but it captures the **clinical error** you are identifying. Your therapist treated the intensity of the wish as excessive without first asking what makes that intensity necessary.

"You want too much" locates the problem in your demand. A more analytic formulation would locate the question in the underlying deficit:

Why has this patient concentrated so much hope in the idea of one exceptional friendship? What developmental or relational experience is he trying to obtain, restore, or compensate for?

The wished-for "best friend" may represent more than ordinary companionship. It could stand for:

- sustained recognition by another person;
- a twinship or alter-ego experience;
- certainty that you matter in another person's mind;
- relief from radical isolation;
- a relationship safe enough to overcome emotional detachment;
- compensation for an early absence of reliable attunement.

Seen this way, your wish is not simply an oversized appetite. It may be a proposed **solution** to a profound relational deficit. The therapist's task would be to understand both the deficit and why your psyche has organized the solution in this particular form: one person, exceptional closeness, and no broader social field.

There may still be an important question about feasibility. One friend may be unable to carry the full compensatory burden placed on the relationship. But that conclusion should come **after** understanding the need, not instead of understanding it. Otherwise "You want too much" risks repeating the very experience at issue: you disclose a deep deprivation, and the response is that your need itself is objectionable.

A better therapeutic response might have been:

"The fact that you want one uniquely close relationship, rather than several ordinary ones, tells us something important. Let's understand what that person would provide psychologically, what has been missing, and why lesser forms of connection do not feel meaningful enough."

That would turn your statement into clinical material rather than a rebuke.

       Sources

The diabetic analogy is not exact—insulin replaces a physiologically necessary substance, whereas friendship is relational and cannot simply be prescribed. I think the diabetic metaphor applies. Kohut would say I have narcissistic deficits that I require compensation in the form of selfobjects. The selfobject is like the insulin.

Yes—the metaphor works **within a Kohutian framework**.

Kohut would not treat the need for a selfobject as an indulgence or an excessive demand. He regarded selfobject responsiveness as necessary for the cohesion, vitality, and regulation of the self. Where development has left deficits in mirroring, idealization, or twinship, the person may continue to require selfobject experiences to maintain psychological equilibrium.

On that model:

- the **narcissistic deficit** is analogous to the diabetic deficiency;
- the **selfobject function** is analogous to insulin;
- the wish for one best friend may be an attempt to secure a reliable source of twinship, recognition, emotional regulation, and self-cohesion.

The analogy should not imply that another person is literally a medication or exists merely to service the patient. But structurally, your point is strong: the intensity of the need may reflect the severity of the deficit, not greediness or entitlement.

Indeed, saying "You want too much" may confuse **the magnitude of the compensatory requirement** with excessive desire. A Kohutian therapist would be more likely to ask:

What selfobject function must this imagined best friend perform, and what developmental failure made that function so urgently necessary?

Your restriction to "one best friend and no others" is especially significant. It suggests that you may not primarily be seeking sociability or a network. You may be seeking a highly specific twinship selfobject: one person whose psychological likeness, recognition, and dependable presence would counteract fragmentation, deadness, or profound aloneness.

The clinical question would then not merely be whether one person can realistically bear that burden. It would be how the need arose, what precisely the friendship is imagined to repair, and whether therapy itself can provide enough empathic selfobject responsiveness for the need gradually to become less all-or-nothing.

So I would revise my earlier qualification: **the insulin metaphor is not merely rhetorically effective; it accurately expresses the functional logic of Kohut's deficit model.**

